



June 13, 2014

The Honorable Fred Upton
Chairman
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

The Honorable Diana DeGette
Member
House Energy and Commerce Committee
2125 Rayburn House Office Building
Washington, DC 20515

Sent via e-mail: Cures@house.mail.gov

Re: Request for Information (RFI) Regarding the 21st Century Cures Initiative

Dear Chairman Upton and Representative DeGette:

The Patients Equal Access Coalition (PEAC) appreciates the opportunity to submit these comments in response to the request for information from the patient community as part of the Committee's 21st Century Cures Initiative. PEAC is a patient-focused coalition which works to ensure that cancer patients have appropriate access to all approved anti-cancer regimens including, but not limited to, oral and intravenous drugs, intramuscular injections, surgery, radiation, and transplantation.

Patient access to self-administered anticancer therapies:

One of the most important and straight-forward things that the Committee can do to support innovation and reduce suffering for cancer patients is to ensure that patients have access to innovative therapies once they are approved.

Cancer patients face a barrier since insurance coverage has not kept pace with innovation in medicine and the growing trend towards orally and other patient-administered chemotherapy. Today, patient-administered chemotherapy has become more prevalent and is the standard of care for many types of cancer. Oral chemotherapy also accounts for approximately 35% of the oncology development pipeline. More importantly, many oral anti-cancer medications do not have intravenous (IV) or injected alternatives and are the only option for some cancer patients.

As these medications become more prevalent in cancer treatment, they must be as affordable as their IV counterparts. Traditionally, IV and injected treatments were the primary methods of chemotherapy delivery, which are covered under a health plan's medical benefit where the patient is only required to pay a small office visit co-pay. Since patient-administered anti-cancer medications are often covered under a health plan's prescription benefit, many patients are responsible for extremely high and unmanageable co-pays as high as hundreds or thousands of dollars per month. As a result, almost 10% of patients choose not to fill their initial prescriptions for oral anti-cancer medications due to the high rates of cost-sharing.¹

To address this patient access challenge, PEAC supports H.R. 1801, the Cancer Drug Coverage Parity Act, which requires any private health plan that provides coverage for cancer chemotherapy treatment to provide coverage for self-administered anticancer medication at a cost no less favorable than the cost of IV, port

¹ Streeter SB, Schwartzberg L, Husain N, and Johnsrud M, Patient and Plan Characteristics Affecting Abandonment of Oral Oncolytic Prescriptions. Journal of Oncology Practice. Vol. 7, Issue 3S: 46s-51s, 2011.

administered, or injected anticancer medications. This law is not a mandate as it only applies to health plans that already cover chemotherapy. This bill ensures equality of access and insurance coverage for ALL anti-cancer regimens. Health insurance cost-sharing schemes should not create barriers to cancer patients' ability to access potentially life-saving medicines.

Coverage for Participation in Research at National Cancer Institute (NCI) Designated Cancer Centers:

An additional challenge is that a growing number of health insurance plans are excluding NCI-designated cancer centers from their networks, which impedes patient access to clinical trials.

Currently, there are 68 NCI designated cancer centers in the United States dedicated to the research and development of new technologies to prevent, diagnose, and treat all types of cancer. To earn this designation, these centers must meet rigorous criteria in multidisciplinary cancer research. According to a report prepared by Milliman, Inc. and commissioned by the Leukemia & Lymphoma Society (a PEAC member), many of the health plans that are participating in the insurance exchanges offer limited access to these NCI-designated cancer centers as they are not considered to be in-network.²

The Affordable Care Act's expansion in coverage of care associated with participation in clinical research will lead to better recruitment and access to alternative treatment options when patients exhaust already approved therapies. With much of this research occurring at NCI-designated cancer centers, PEAC is concerned that many plans do not consider these state of the art centers to be in-network. For these reasons, PEAC hopes to work with the Committee to encourage the inclusion of NCI-designated cancer centers in exchange plans.

Access to Novel Therapies:

There has been much attention paid to the pricing of newly approved drugs, which can be a challenging and divisive topic. Our coalition is focused on patient access to treatment and ultimately seeks to evaluate all potential solutions to ensure that cancer patients have access to the treatments recommended by their physicians. PEAC hopes to continue a dialogue with our industry partners, insurers and Congress on how best to assure patient access to the newest treatments.

Thank you very much for the opportunity to submit these comments to the 21st Century Cures Initiative. If you have any questions or would like additional information, please contact Jennifer Leib at jleib@dc-crd.com or 202-484-1100.

Sincerely,

AIM at Melanoma
Cancer Support Community
Fight Colorectal Cancer
FORCE: Facing Our Risk of Cancer Empowered
Hematology/Oncology Pharmacy Association
International Myeloma Foundation
National Brain Tumor Society
Ovarian Cancer National Alliance
Roswell Park Cancer Institute
Susan G. Komen

²http://www.ils.org/content/nationalcontent/pdf/ways/Milliman2014IndividualExchangePoliciesinFourStates_20140109.pdf